



# Planning & Community Services Department

"Serving Billings, Broadview and Yellowstone County"



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Phone: (406) 657-8246

## REQUEST FOR ZONING CLARIFICATION

**Processing time 30 days (minimum 5 days)**

**(City \$64.00 written, \$128.00 on  
County \$31.00 written, \$61.00 on site)**

APPLICANT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

APPLICANT MAILING ADDRESS: \_\_\_\_\_ E-MAIL \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

LEGAL DESCRIPTION, ADDRESS OF PROPERTY AND/OR PROPERTY TAX ID#: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIZE OF PROPERTY (IN ACRES OR SQUARE FEET): \_\_\_\_\_

SPECIFIC INFORMATION REQUESTING: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## FOR OFFICE USE ONLY

PROJECT NUMBER: \_\_\_\_\_ CONDO/TOWNHOME CERT: \_\_\_\_\_ ZONING: \_\_\_\_\_

RESPONSE TO SPECIFIC INFORMATION REQUESTED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAYMENT INFORMATION: CC, CASH, CHECK #: \_\_\_\_\_ RECT. #: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_